FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2026-2027

GREEN FAMILY YMCA

BEFORE & AFTER SCHOOL ENRICHMENT

Welcome to the Green Family YMCA's Before and After School Enrichment program! We are excited to collaborate with Green Local Schools in offering our outstanding programs for students at the Primary school and the Elementary school. As with any quality child care center, our program is licensed by the State of Ohio so you can be sure you are getting the best care possible. With the support and partnership of Green Local Schools, there is nowhere better for your children to spend their time.

Before and After School Enrichment (BASE) is an incredible opportunity for your children to be involved in activities with their peers. In our program, your child will be challenged to be active and thoughtful citizens. Students in our care understand and practice the YMCA character values, work on homework and literacy activities, and have loads of fun in a safe environment. We provide snacks, outside play time and gym time, as well as homework/quiet time.

Our staff meet all state licensing requirements, including passing background checks, and completing certifications in CPR, first aid, child abuse recognition, and communicable disease prevention. With a vast wealth of experience our staff is well rounded while still having the focused experienced to care for your children.

In the 2026-2027 school year, the YMCA will have two BASE sites. We will have a site at the Primary school and at the Elementary school. We look forward to having your children with us this school year! Please read and complete this packet fully. If you have any questions or concerns, please contact:

Mady Ossman-Child Care Director
Green Family YMCA
madyo@akronymca.org
330.899.9622

PLEASE KEEP THESE PARENT INFO PAGES ☺

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BEFORE CARE

When your child is enrolled in our **BEFORE CARE**, you are able to drop-off your child beginning at 6:30 am each morning. Students in before care at one of the school buildings will be released by a child care staff member, to class, at the beginning of the official school day. It is the parents' responsibility to let the transportation department know of your child's transportation needs.

AFTER CARE

When your child is enrolled in our **AFTER CARE**, they will be released from class and report directly to the designated area where a child care staff member will meet them. It is the parents' responsibility to let the transportation department know of your child's transportation needs. All children must be picked up by 6:30 pm at the closure of the program.

BASE at the Green Schools

- Drop-Off/Pick-Up at child's school
- AM Care – Free play & Snack
- PM Care – Free play, Snack, Educational Lesson, Gym Time, Outside Time and Homework Time
- Before **OR** After Care
  - $75/week
- Before **AND** After Care
  - $95/week
- $40 non-refundable registration fee per child
  *waived if registered by June 1, 2026

Registration

Upon registration, your child is expected on the first day of school. We cannot hold spots longer than one week without payment. If you do not attend our program during the first week and do not notify the YMCA, your spot will be forfeited to a child on the waiting list.

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Green Schools Closings

When Green Local Schools are closed for vacations, holidays or emergencies, the YMCA will host **Fun Days** for all Before and After School Enrichment students. Students must be registered in advance and the cost of a Fun Day is $50/day. It is automatically drafted unless paid in advance. Parents must call the YMCA to register for a **SNOW DAY** FUN DAY. **START TIME FOR SNOW DAY CARE IS DELAYED TO 8:30 AM TO ENSURE THE SAFETY OF OUR STAFF.**

Snacks

The Green Family YMCA will provide a snack during after care at both sites. Our snacks meet the USDA requirements, and a daily calendar is present at each site. Please let the staff know in advance if your child is not permitted to have any type of foods due to allergies or religious beliefs so we can accommodate.

Vacation & Sick Days

Full payment is required to hold your child's spot even if he/she does not attend the program. The only exceptions to this are the two weeks of Christmas break and Spring Break. Care is available during break weeks, but if you choose not to attend, you will not be charged.

Registration Process

1. Read through the Parent Information Pages.
2. Complete all forms in registration packet.
3. Return completed registration packet to the Green Family YMCA.
4. Pay registration fee.
5. Be sure to keep all forms marked "Please Keep These Parent Info Pages" for future reference.

Registration forms checklist:

- **Class selection Page**
- **Payment Information**
- **Photo Consent**
- **Authorized Pick-Up**
- **Family Information sheet**
- **Enrollment & Health Information pages**
- **Center Policies Agreement**

PLEASE KEEP THESE PARENT INFO PAGES ☺

GREEN FAMILY YMCA
B.A.S.E.
REGISTRATION PACKET

Choose your site and Morning, Afternoon or BOTH:

☐ **GREEN PRIMARY SCHOOL**

- ○ **MORNINGS ONLY**
- ○ **AFTERNOONS ONLY**
- ○ **BOTH** MORNINGS AND AFTERNOONS

☐ **GREEN ELEMENTARY SCHOOL**

- ○ **MORNINGS ONLY**
- ○ **AFTERNOONS ONLY**
- ○ **BOTH** MORNINGS AND AFTERNOONS

CHILD'S NAME _____

CHILD'S BIRTHDAY _____ **GRADE** _____

Payment Information

I understand that all B.A.S.E. tuition and registration fees are required to be made through automatic draft. Please use information provided below to pay for my child's tuition:

☐ Continue to use current account on file ending in # __ __ __ __

☐ I will provide account info to front desk. I understand my child's spot is not saved until this information has been provided.

Registration fee: (waived if registered before June 1, 2026)

☐ Check is attached

☐ Draft from account ending in # __ __ __ __

I authorize the Green Family YMCA to automatically draft from the above account for my child's B.A.S.E. tuition. I understand that this automatic draft will begin the Friday before my child's first week of school. I understand that this automatic draft will be terminated at the end of the program or upon giving the Green Family YMCA at least a one week written notice of my child's program termination. I understand that the YMCA is not responsible for any NSF fees incurred for not maintaining the required funds in my account.

Person responsible for tuition: _____

Are you or another parent/guardian currently an employee of the Akron Area YMCA? Yes No

Photo/Video Consent

I give permission to allow my child to be in photographs and video for promotion of the YMCA, including posting pictures on the Green Family YMCA social media pages and website. Children's names will not be used.

_____

Parent/Guardian Signature Date

AUTHORIZED PICK-UP LIST

Your child will only be released to those listed on the Authorized Pick-Up List. Parents/guardians do not have to be added to this list. Additional people can be added on a separate paper if needed. Staff will require identification before releasing the child. Please let people know about this ahead of time so they bring a picture ID and are not offended. The safety of your children is our priority!

Name: _____
Relationship: _____
Phone Numbers:
(C) _____
(W) _____

Name: _____
Relationship: _____
Phone Numbers:
(C) _____
(W) _____

Name: _____
Relationship: _____
Phone Numbers:
(C) _____
(W) _____

Name: _____
Relationship: _____
Phone Numbers:
(C) _____
(W) _____

CHILD DROP-OFF / PICK-UP POLICY

When you enroll your child in any YMCA Child Care program, understand that our policy is for you to bring your child to the classroom each morning and let one of the staff members know that your child has arrived. We are not legally responsible for your child if they are dropped-off outside the classroom. Please read and sign below:

I am aware that the YMCA staff are not responsible for my child unless I bring my child to the classroom when arriving each morning. I understand that state law requires me to sign-in and sign-out my child each day. I also understand that state law requires that I notify staff that my child is leaving the YMCA program for the day. I understand a fee of $15 per child will be assessed for every 15 minutes I am late to pick up my child(ren) after 6:45pm.

Parent/Guardian Signature: _____

IN THE CASE OF DIVORCE OR SEPARATION, WHERE CUSTODY OF THE CHILD IS LIMITED, AND RELEASE AUTHORIZATION DOES NOT INCLUDE BOTH PARENTS, PLEASE CONTACT MADY OSSMAN REGARDING OUR POLICY.

Child/Family Information Form

In an effort to understand your child and to meet his/her needs, we would like you to complete the following:

Child's Name: _____

Who is in the child's immediate family? _____

Who lives at home with your child? (pets included) _____

What is the primary language spoken in your child's home? _____

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.?_____

Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend, or pet) _____

_____

Are there any cultural or religious practices of your family we should be aware of? (dietary restrictions, clothing, head coverings, etc.) _____

Has your child had a previous care arrangement? If so, what kind? (Center based, in home, with family, with parents, etc.) _____

What causes your child to feel angry or frustrated? _____

What methods do you use to respond to your child's negative behavior? _____

_____

Does your child need assistance when using the toilet? If so, how? _____

What time(s), and for how long, does your child usually nap? _____

What might you and/or your child be anxious about as he/she starts in this program? _____

_____

What are your expectations of this program? _____

Would you like information or referrals for any of the following?

YES	NO		YES	NO	
		Food Assistance			Help meeting the needs of your special need child
		Housing			Family Counseling
		Nutrition			Parenting Education or Information
		Health/Immunizations			Dental
		Other:			Other:

Staff Use:

Referrals Made (date) _____ (to where) _____

Follow up (date) _____ (comments) _____

Ohio Department of Children and Youth

CHILD ENROLLMENT FORM FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child's Name		Date of Birth	First Day at Program
Address			
City		State	Zip Code
Parent #1 Name		Parent #1 Phone Number	
Parent #1 Address ☐Same as Child's		City	State / Zip Code
Parent #1 Email Address (if applicable)		Parent #1 Cell Phone (if applicable)	
Parent #1 Work/School Name (if applicable)		Parent #1 Work/School Phone Number (if applicable)	
Check here if Not Applicable ☐	Parent #2 Name	Parent #2 Phone Number	
Parent #2 Address ☐Same as Child's		City	State / Zip Code
Parent #2 Email Address (if applicable)		Parent #2 Cell Phone (if applicable)	
Parent #2 Work/School Name (if applicable)		Parent #2 Work/School Phone Number (if applicable)	
Primary Emergency Contact #1 Name (cannot be parent/guardian)		Check here if Not Applicable ☐	Optional Emergency Contact #2 Name (cannot be parent/guardian)
Primary Emergency Contact #1 Phone Number		Optional Emergency Contact #2 Phone Number	
Primary Emergency Contact #1 Other number or email address for emergency contact *(if applicable)*		Optional Emergency Contact #2 Other number or email address for emergency contact *(if applicable)*	
My child may be released to this emergency contact ☐ Yes ☐ No		Optional My child may be released to this emergency contact ☐ Yes ☐ No	

Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication?

☐ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent)
☐ No

Child's Name	Date of Birth

Information on my child's development: (personal, behavior, patterns, habits, and individual needs, etc.)

☐ N/A

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

☐ N/A

My child will receive specialized/individual services at the program:

☐ Yes
☐ No

Name of service provider(s) and frequency

☐ N/A

Emergency Transportation Authorization

☐ **The program has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

☐ **~~The program does not have permission~~** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:

SIGNATURE

This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.

Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures

By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).

Parent Signature	Date

Program Acknowledgement of Completion

By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.

Program Administrator/Designee Signature	Date

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Child's name _____

2026 Center Policies Agreement

Please read the policies carefully and initial all lines.

1._____ I understand there is a $40 non-refundable registration fee per child.

2._____Weekly tuition is due on Fridays prior to the week of service via auto draft.

3._____I understand that if my child care payments fall one week behind I will be asked to withdraw my child until payment is made.

4._____Outstanding balances of $100 or more that are past 30 days in arrears will be turned over to collections.

5._____I understand that if I have any outstanding balance at any facility within the Akron Area YMCA Association I am unable to register for any programs or membership until balance is paid.

6._____I understand that there will be a $10 fee assessed for any and every returned payment.

7._____CANCELLATION POLICY: Notification must be given no later than one week in advance. Otherwise, I understand that I will be responsible to pay that week's tuition in-full, regardless of attendance.

8._____I understand that late pick-up fees in the amount of $15 for every 15 minute increment per family will be imposed if my child(ren) is picked up after the programs' designated closing times.

9._____I understand that staff will contact Children Services if my child remains at the center longer than one hour after closing and all attempts to reach me, the child's other parent, and authorized persons have been made, without success.

10._____I understand that state licensing requires that all forms in this registration packet must be completely filled out and turned in prior to the child's admission to the program.

11._____I understand that I am required to disclose all medical, physical, or behavioral issues that pertain to my child at the time of enrollment, and supplement that information on an ongoing basis as needed.

12._____I understand that both custodial parents need to agree on who is listed for the authorized pick up for the child unless legal documentation is provided that states otherwise.

13._____I have read the BASE Registration Packet and agree to all terms therein for my child(ren) to receive child care. I understand that I forfeit the privilege of child care if all policies are not followed.

Parent/Guardian Signature _____ Date _____

FOR TITLE XX RECIPIENTS ONLY

_____ I understand that my Title XX co-pay is due every Friday via auto draft prior to care.

_____ I understand that if my Title XX authorization is not current and/or not for the correct location, I will be responsible for private pay rates.

_____ I understand that I must TAP in/out daily. I understand there is a two-week back TAP period if daily TAPs are missed. If I miss the back TAP period, I understand that I will be charged the difference between my co-pay and the weekly private-pay rates. I understand it is my responsibility to know for which dates and times I need to back TAP.